

<b>Mobility Fund</b> <b>Phase 1 - §54.1009 Annual Reporting</b> <b>Data Collection Form</b>	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<b>&lt;010&gt; Study Area Code</b>	208002
<b>&lt;015&gt; Study Area Name</b>	West Virginia PCS Alliance, L.C.
<b>&lt;020&gt; Program Year</b>	2017
<b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>	Keili Young
<b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b>	5409845553 ext.
<b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>	keili.young@emp.shentel.com

**<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** **<040>** ☐ ☒

**<041> Attach a description of the documents filed with the Form 481 reporting**

**<041>**

**<042> Cite the Study Area Code (SAC) for the Form 481 reporting**

**<042>**

**<080> Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)*

☐ ☒

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

**(050) Carrier Contact Form**FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185  
Page 2 of 8

<010>	Study Area Code	208002
<015>	Study Area Name	West Virginia PCS Alliance, L.C.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Keili Young
<035>	Contact Telephone Number - Number of person identified in data line <030>	5409845553 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	keili.young@emp.shentel.com

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110>	FCC Registration Number	0021503834
<111>	Filing Carrier Name	Shenandoan Personal Communications, LLC
<112>	Winning Bidder Carrier Name	West Virginia PCS Alliance, L.C.
<113>	Street Address (or PO Box)	500 Shentel Way
<114>	City	Edinburg
<115>	State	VA
<116>	Zip-Code	22824
<117>	Telephone Number	5409845224 ext.
<118>	Fax Number	5409845192
<119>	Email Address	keili.young@emp.shentel.com

**Contact Information**

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Keili Young
<121>	Filing Carrier Name	Shenandoah Personal Communications, LLC
<122>	Street Address (or PO Box)	500 Shentel Way
<123>	City	Edinburg
<124>	State	VA
<125>	Zip-Code	22824
<126>	Telephone Number	5409845553 ext.
<127>	Fax Number	5409845192
<128>	Email Address	keili.young@emp.shentel.com

**Authorized Agent Information**

if no agent, indicate in this box

☒

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

**(060) Coverage and Performance Report**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 3 of 8

<010>	Study Area Code	208002
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<039>	Contact Email Address - Email Address of person identified in data line <030>	keili.young@emp.shentel.com
<140>	Coverage and Performance Report Year	07/2016 - 07/2017

Coverage and Performance attachments

208002\_WV\_Ntelos\_RoadMiles.zip, 208002\_WV\_Ntelos\_Voice.zip,  
208002\_WV\_Ntelos\_Broadband.zip

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				--	See attached worksheet					
				--						

Percentage of Total  
Population Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

86

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	West Virginia PCS Alliance, L.C.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/29/2017
Printed name of Authorized Officer:	Raymond Ostroski
Title or position of Authorized Officer:	VP, General and Legal Counsel
Telephone number of Authorized Officer:	5409845040 ext.
Study Area Code of Reporting Carrier:	208002 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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&lt;142&gt; State

&lt;143&gt; County

&lt;144&gt; Tribal Land(s) on which ETC Serves

&lt;145&gt; Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

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&lt;200&gt; Date Authorized to Receive Support

07/18/2013

&lt;201&gt; Targeted Completion Date

07/18/2016

&lt;202&gt; Total Mobility Fund Support Awarded

4270074.06

&lt;203&gt; Total Mobility Fund Support Disbursed

4270074.06

&lt;210&gt; Actual Completion Date

01/31/2014

&lt;211&gt; Project Status Description (attached)

208002wv211.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

&lt;212&gt; Status of Network Deployment - Network Design

✓

&lt;213&gt; Status of Network Deployment - Construction

✓

&lt;214&gt; Status of Network Deployment - Deployment

✓

&lt;215&gt; Status of Network Deployment - Maintenance

✓

&lt;216&gt; Project Budget Status

✓

&lt;217&gt; Project Plan Status

✓

&lt;218&gt; Network will Support 3G/4G Mobile Service ?

☐ 3G☒ 4G

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:****Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:	West Virginia PCS Alliance, L.C.	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2017
Printed name of Authorized Officer:	Raymond Ostroski	
Title or position of Authorized Officer:	VP General and Legal Counsel	
Telephone number of Authorized Officer:	5409845040 ext.	
Study Area Code of Reporting Carrier:	208002	Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



## Attachments

**(060) Coverage and Performance Report**FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	07/2016 - 07/2017

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
WV	Putnam	540790201001001	0	0	0	1.12	0.76	0.76	Yes
WV	Putnam	540790201001005	0	0	0	0.09	0.0	0.0	Yes
WV	Putnam	540790201001008	0	0	0	0.57	0.01	0.01	Yes
WV	Putnam	540790201001009	0	0	0	0.09	0.0	0.0	Yes
WV	Putnam	540790201001010	0	0	0	2.94	2.64	2.64	Yes
WV	Putnam	540790201001011	0	0	0	0.34	0.26	0.26	Yes
WV	Putnam	540790201001012	0	0	0	0.15	0.09	0.09	Yes
WV	Putnam	540790201001013	0	0	0	0.06	0.0	0.0	Yes
WV	Putnam	540790201001014	0	0	0	0.04	0.04	0.04	Yes
WV	Putnam	540790201001015	0	0	0	0.03	0.03	0.03	Yes
WV	Putnam	540790201001017	0	0	0	3.05	1.34	1.34	Yes
WV	Putnam	540790201001018	0	0	0	0.23	0.15	0.15	Yes
WV	Putnam	540790201001019	0	0	0	0.34	0.34	0.34	Yes
WV	Putnam	540790201001020	0	0	0	2.99	2.99	2.99	Yes
WV	Putnam	540790201001021	0	0	0	0.08	0.08	0.08	Yes
WV	Putnam	540790201001026	0	0	0	0.4	0.4	0.4	Yes
WV	Putnam	540790201001031	0	0	0	3.14	0.0	0.0	Yes
WV	Putnam	540790201001038	0	0	0	7.65	5.47	5.47	Yes
WV	Putnam	540790201001039	0	0	0	0.28	0.0	0.0	Yes
WV	Putnam	540790201001040	0	0	0	0.28	0.0	0.0	Yes

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

86

## (060) Coverage and Performance Report

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	07/2016 - 07/2017

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
WV	Putnam	540790201001041	0	0	0	0.14	0.0	0.0	Yes
WV	Putnam	540790201001042	0	0	0	0.07	0.07	0.07	Yes
WV	Putnam	540790201001043	0	0	0	1.37	1.37	1.37	Yes
WV	Putnam	540790201001044	0	0	0	4.28	4.28	4.28	Yes
WV	Putnam	540790201001045	0	0	0	0.06	0.06	0.06	Yes
WV	Putnam	540790201001046	0	0	0	3.23	3.17	3.17	Yes
WV	Putnam	540790201001047	0	0	0	0.13	0.13	0.13	Yes
WV	Putnam	540790201001048	0	0	0	0.3	0.3	0.3	Yes
WV	Putnam	540790201001049	0	0	0	2.5	1.89	1.89	Yes
WV	Putnam	540790201001050	0	0	0	0.06	0.06	0.06	Yes
WV	Putnam	540790201001051	0	0	0	0.4	0.4	0.4	Yes
WV	Putnam	540790201001052	0	0	0	1.11	1.11	1.11	Yes
WV	Putnam	540790201001053	0	0	0	0.15	0.15	0.15	Yes
WV	Putnam	540790201001054	0	0	0	1.87	1.87	1.87	Yes
WV	Putnam	540790201001055	0	0	0	0.77	0.77	0.77	Yes
WV	Putnam	540790201001056	0	0	0	0.2	0.2	0.2	Yes
WV	Putnam	540790201001063	0	0	0	2.18	1.81	1.81	Yes
WV	Putnam	540790201001064	0	0	0	0.05	0.05	0.05	Yes
WV	Putnam	540790201001066	0	0	0	0.16	0.16	0.16	Yes
WV	Putnam	540790201001067	0	0	0	2.41	1.83	1.83	Yes

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

86

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
WV	Putnam	540790201001071	0	0	0	0.45	0.0	0.0	Yes
WV	Putnam	540790201001073	0	0	0	8.93	8.63	8.63	Yes
WV	Putnam	540790201001074	0	0	0	0.05	0.05	0.05	Yes
WV	Putnam	540790201001075	0	0	0	0.15	0.0	0.0	Yes
WV	Putnam	540790201001076	0	0	0	0.2	0.2	0.2	Yes
WV	Putnam	540790201001077	0	0	0	0.07	0.07	0.07	Yes
WV	Putnam	540790201001080	0	0	0	0.22	0.22	0.22	Yes
WV	Putnam	540790201001081	0	0	0	0.53	0.42	0.42	Yes
WV	Putnam	540790201001082	0	0	0	0.49	0.22	0.22	Yes
WV	Putnam	540790201001084	0	0	0	0.04	0.0	0.0	Yes
WV	Putnam	540790201001085	0	0	0	0.87	0.3	0.3	Yes
WV	Putnam	540790201002000	0	0	0	0.28	0.28	0.28	Yes
WV	Putnam	540790201002001	0	0	0	3.94	3.94	3.94	Yes
WV	Putnam	540790201002002	0	0	0	0.15	0.15	0.15	Yes
WV	Putnam	540790201002003	0	0	0	0.25	0.25	0.25	Yes
WV	Putnam	540790201002004	0	0	0	0.09	0.09	0.09	Yes
WV	Putnam	540790201002005	0	0	0	1.19	1.19	1.19	Yes
WV	Putnam	540790201002006	0	0	0	0.84	0.84	0.84	Yes
WV	Putnam	540790201002007	0	0	0	2.54	2.52	2.52	Yes
WV	Putnam	540790201002008	0	0	0	0.8	0.8	0.8	Yes

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

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WV	Putnam	540790201002009	0	0	0	4.62	4.62	4.62	Yes
WV	Putnam	540790201002010	0	0	0	2.59	2.57	2.57	Yes
WV	Putnam	540790201002011	0	0	0	4.19	4.19	4.19	Yes
WV	Putnam	540790201002012	0	0	0	0.11	0.11	0.11	Yes
WV	Putnam	540790201002013	0	0	0	0.69	0.69	0.69	Yes
WV	Putnam	540790201002014	0	0	0	2.39	2.39	2.39	Yes
WV	Putnam	540790201002015	0	0	0	0.74	0.74	0.74	Yes
WV	Putnam	540790201002016	0	0	0	0.33	0.33	0.33	Yes
WV	Putnam	540790201002017	0	0	0	0.32	0.32	0.32	Yes
WV	Putnam	540790201002018	0	0	0	0.53	0.53	0.53	Yes
WV	Putnam	540790201002019	0	0	0	3.85	3.85	3.85	Yes
WV	Putnam	540790201002020	0	0	0	0.25	0.25	0.25	Yes
WV	Putnam	540790201002021	0	0	0	0.18	0.18	0.18	Yes
WV	Putnam	540790201002022	0	0	0	0.24	0.24	0.24	Yes
WV	Putnam	540790201002023	0	0	0	0.19	0.19	0.19	Yes
WV	Putnam	540790201002024	0	0	0	0.46	0.46	0.46	Yes
WV	Putnam	540790201002025	0	0	0	1.88	1.88	1.88	Yes
WV	Putnam	540790201002026	0	0	0	0.16	0.16	0.16	Yes
WV	Putnam	540790201002027	0	0	0	0.12	0.12	0.12	Yes
WV	Putnam	540790201002028	0	0	0	1.05	1.05	1.05	Yes

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

86

**(060) Coverage and Performance Report**FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

<010> Study Area Code 208002  
<015> Study Area Name West Virginia PCS Alliance, L.C.  
<020> Program Year 2017  
<030> Contact Name - Person USAC should contact regarding this data Keili Young  
<035> Contact Telephone Number - Number of person identified in data line <030> 5409845553 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> keili.young@emp.shentel.com  
<140> Coverage and Performance Report Year 07/2016 - 07/2017

<141>									
<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
WV	Putnam	540790201002029	0	0	0	0.24	0.24	0.24	Yes
WV	Putnam	540790201002030	0	0	0	0.17	0.17	0.17	Yes
WV	Putnam	540790201002031	0	0	0	3.42	3.19	3.19	Yes
WV	Putnam	540790201002032	0	0	0	0.75	0.0	0.0	Yes
WV	Putnam	540790201002033	0	0	0	0.47	0.47	0.47	Yes
WV	Putnam	540790201002034	0	0	0	0.46	0.46	0.46	Yes
WV	Putnam	540790201002035	0	0	0	3.37	3.37	3.37	Yes
WV	Putnam	540790201002037	0	0	0	0.63	0.63	0.63	Yes
WV	Putnam	540790201002038	0	0	0	0.82	0.82	0.82	Yes
WV	Putnam	540790201002039	0	0	0	3.86	3.86	3.86	Yes
WV	Putnam	540790201002040	0	0	0	8.02	8.02	8.02	Yes
WV	Putnam	540790201002043	0	0	0	0.03	0.03	0.03	Yes
WV	Putnam	540790201002046	0	0	0	3.87	3.66	3.66	Yes
WV	Putnam	540790201002047	0	0	0	0.05	0.0	0.0	Yes
WV	Putnam	540790201002049	0	0	0	0.09	0.09	0.09	Yes
WV	Putnam	540790201002052	0	0	0	0.62	0.62	0.62	Yes
WV	Putnam	540790201002053	0	0	0	0.17	0.17	0.17	Yes
WV	Putnam	540790201002056	0	0	0	0.21	0.0	0.0	Yes
WV	Putnam	540790201002059	0	0	0	0.14	0.13	0.13	Yes
WV	Putnam	540790201002060	0	0	0	2.51	1.99	1.99	Yes

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

86

## (060) Coverage and Performance Report

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

<010>	Study Area Code	208002
<015>	Study Area Name	West Virginia PCS Alliance, L.C.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Keili Young
<035>	Contact Telephone Number - Number of person identified in data line <030>	5409845553 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	keili.young@emp.shentel.com
<140>	Coverage and Performance Report Year	07/2016 - 07/2017

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
WV	Putnam	540790201002061	0	0	0	0.42	0.42	0.42	Yes
WV	Putnam	540790201002062	0	0	0	0.24	0.24	0.24	Yes
WV	Putnam	540790201002063	0	0	0	0.06	0.06	0.06	Yes
WV	Putnam	540790201002064	0	0	0	2.53	2.53	2.53	Yes
WV	Putnam	540790201002065	0	0	0	0.06	0.06	0.06	Yes
WV	Putnam	540790201002066	0	0	0	0.3	0.3	0.3	Yes
WV	Putnam	540790201002067	0	0	0	0.08	0.08	0.08	Yes
WV	Putnam	540790201002068	0	0	0	0.21	0.21	0.21	Yes
WV	Putnam	540790201004000	0	0	0	6.38	5.6	5.6	Yes
WV	Putnam	540790201004001	0	0	0	0.19	0.07	0.07	Yes
WV	Putnam	540790201004002	0	0	0	0.06	0.0	0.0	Yes
WV	Putnam	540790201004003	0	0	0	4.39	3.43	3.43	Yes
WV	Putnam	540790201004004	0	0	0	0.03	0.03	0.03	Yes
WV	Putnam	540790201004005	0	0	0	0.12	0.12	0.12	Yes
WV	Putnam	540790201004006	0	0	0	0.14	0.14	0.14	Yes
WV	Putnam	540790201004007	0	0	0	0.22	0.22	0.22	Yes
WV	Putnam	540790201004008	0	0	0	0.09	0.0	0.0	Yes
WV	Putnam	540790201004009	0	0	0	6.52	5.38	5.38	Yes
WV	Putnam	540790201004010	0	0	0	0.65	0.65	0.65	Yes
WV	Putnam	540790201004011	0	0	0	1.42	1.42	1.42	Yes

Percentage of  
Total Population  
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Service

0

Percentage of Total  
Road Miles covered  
by Service

86

**(060) Coverage and Performance Report**FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

<010> Study Area Code 208002  
<015> Study Area Name West Virginia PCS Alliance, L.C.  
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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
WV	Putnam	540790201004012	0	0	0	0.14	0.14	0.14	Yes
WV	Putnam	540790201004014	0	0	0	0.2	0.2	0.2	Yes
WV	Putnam	540790201004016	0	0	0	0.18	0.18	0.18	Yes
WV	Putnam	540790201004017	0	0	0	4.95	3.4	3.4	Yes
WV	Putnam	540790201004018	0	0	0	0.08	0.08	0.08	Yes
WV	Putnam	540790201004019	0	0	0	0.25	0.25	0.25	Yes
WV	Putnam	540790201004020	0	0	0	0.42	0.03	0.03	Yes
WV	Putnam	540790201004021	0	0	0	0.42	0.16	0.16	Yes
WV	Putnam	540790201004022	0	0	0	0.13	0.0	0.0	Yes
WV	Putnam	540790201004023	0	0	0	1.74	1.14	1.14	Yes

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Service

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